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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



10/22/24--01015--007 ++25.00

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Aviators Market Publishing, LLC

SUBJECT: _____

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff LoParo, TTEE of Tolemac Group Trusted dated December 25 2015

Name of Person

Aviators Market

Firm/Company

9603 Custer Rd #1515

Address

Plano, TX 75025

City/State and Zip Code

jloparo@aviatorsmarket.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff LoParo	- 469 at (613-7558
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1754 1108	tmoreland Dr	(b)	
Pri	ncipal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Sarasota.	. FL. 34243		
04/13/201	16	L160	00073464
	Date of filing/registration in Florida	4.	Document number
Jeff LoPa	iro		
	Agent and Registered Office shown on the re	cords of the Florida Dept.	of State:
•	I Office Address (MUST BE FLORIDA S	TREET ADDRESS)	
210 How	vard St		
Auburnd	late	FI 33823	
)			·
Enter name	e of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Office address:	
	aro		,
Jeff LoP:			
	gistered Office Address:		:
NEW Reg	gistered Office Address: estmoreland Dr		· · · · ·
NEW Reg	estmoreland Dr	51 34243	· · · · ·
<u>NEW</u> Reg 7734 We Sarasota	estmoreland Dr	FL	
<u>NEW</u> Reg 7734 Wc Sarasota limited lia	stmoreland Dr	FL	of Florida, it is hereby confirmed that after the
<u>NEW</u> Reg 7734 We Sarasota limited lia ge or chang will be ide	stmoreland Dr bility company is not organized under ses are made, the Florida street addres entical. Or, in the case of a Florida liv	FL r the laws of the State s of the registered off nited liability compar	of Florida, it is hereby confirmed that after the fice and the business office of the registered by, it is hereby confirmed that the change(s)
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Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00